

**District of Columbia Department of Health**  
**HRSA State Planning Grant**  
Minutes from February 17, 2005  
***Systems Issues in Public Programs***  
**Sub-Panel meeting of the Health Care Coverage Advisory Panel**  
District of Columbia Department of Health, 4<sup>th</sup> Floor

The handouts distributed at the meeting included:

- Results from telephone interviews with Panel members and other key individuals on public programs in the District, by Susan Wallin
  - Chart on the share of non-elderly residents enrolled in Medicaid, by income – comparison of all states; and Ranking of states by ratio of Medicaid enrollees to eligibles, by Jennifer King
  - Examples of the applications used by other states in their public programs, compiled by Heather Sacks
  - Memo from the Income Maintenance Administration explaining their intent to simplify the form for enrollment into public programs
- Brenda Kelly opened the meeting with a discussion of the importance of streamlining enrollment into public programs in order to more effectively serve eligible clients.
  - Susan Wallin presented an overview of her findings from interviews with local stakeholders on the subject of outreach and enrollment in public programs. (see handout).

**Panel discussion of problems and potential solutions:**

- The first hour of the meeting focused on the problems and potential solutions to improve outreach and enrollment into current programs as a means to increasing health insurance coverage in the District. It was noted that many of the policy goals regarding eligibility have been accomplished so that now the focus should be on making the system work better. Panel members identified the chronic personnel vacancy rates at IMA and MAA as critical impediments to running existing programs better. IMA has the budgetary resources but not the personnel resources to implement planned reforms. Kate Jesberg discussed the cultural competency training and other building blocks that are in place at IMA but noted that staff shortages keep these efforts from having their full effect. IMA would not be able to take on additional eligibility functions, such as Alliance enrollment, without a large number of additional staff.
- Jesberg described two current efforts to improve customer service at IMA. On February 17<sup>th</sup>, IMA opened a new Call Center that is fully staffed and allows individuals to make changes to their enrollment information on the phone instead of having to go to an enrollment site. IMA is close to testing its simplified form for enrollment into Medicaid/TANF/cash assistance as a pilot program at one of the enrollment sites.
- Panel members noted that the Alliance might be able to leverage additional federal dollars if it had a different enrollment process/system in place. In addition, since many clients go back and forth between Medicaid and the Alliance, streamlining the process of enrollment for these and possibly all government-financed programs could increase customer and provider

satisfaction. Panel members noted that the history of the development of the Alliance contributed to its being separate from Medicaid and that it is now difficult to go back and put the two programs together. Furthermore, there are inherent problems with merging enrollment for the two programs, many of which are highlighted in Wallin's report. As a result of the separate enrollment processes, there are no ties between Medicaid and Alliance.

- The discussion turned to the possibility of implementing a single point of entry (SPOE) enrollment process for, at a minimum, Medicaid and the Alliance. Panel members noted that SPOE is a national concept that we should be able to make happen in the District. Sharon Baskerville noted that a detailed SPOE plan has already been developed and that it had the additional benefit of maintaining the partnerships with community organizations that the Wallin report recognized as particularly effective. (A copy of this plan will be distributed to Panel members.) Comprehensive SPOE systems have been approved in several states including Pennsylvania, Massachusetts, or West Virginia, and some of these systems make allowance for cost-sharing.
  - Sam Jordan discussed what he has seen in other states using SPOE. He likened the process to a "traveling road show" with a computer terminal, a government staff person, and a health professional available that went to where people who might need to enroll actually were, rather than having potential eligibles come to an enrollment site.
  - Panel members suggested that responsibility for SPOE be assigned to one office/person. It was also suggested that we investigate SPOE from the perspective of financing, i.e., how to leverage additional federal funds.
  - Barbara Ormond asked whether Panel member concerns related to enrolling residents with substance abuse and/or mental health issues should be addressed at this time. Rob Maruca noted that standardization of benefits between Alliance and Medicaid is a separate issue. Specifically, the Alliance does not cover mental health benefits, so addressing the needs of this population should be the subject of a separate discussion.
- The Panel then developed a formal recommendation regarding SPOE:

***Recommendation 1. We recommend that DHS/IMA, in conjunction with DOH/MAA and DOH/Alliance, be given responsibility to develop a single point of entry system for publicly financed health programs.***

- The Panel noted that the implementation of a SPOE as called for in this recommendation would not bear fruit without adequate personnel. It noted that enrollment was a labor-intensive function and that having adequate staff with the appropriate skill set, including facility with the new computer system, would minimize the administrative burden in the long run. The current personnel structure may present obstacles to bringing on the necessary staff in a timely manner. Noting precedents in DMV and Housing to permitting exceptions to personnel system requirements, the Panel developed a second formal recommendation:

***Recommendation 2. In conjunction with recommendation (1), in order to prevent the further loss of federal dollars available to the District and because of the health benefits to the population and the economic benefits to the District, we recommend that***

***the Mayor authorize an exception to the necessary personnel systems and associated support structures in order to address the personnel issues associated with enrollment into publicly financed health programs.***

- Finally, the Panel noted that current events lend a certain urgency to these recommendations. Specifically, the current contract governing the Alliance is due to expire shortly, and Vincent Gray has introduced a bill in the Council that relates to this issue. Therefore, the Panel was in agreement that these recommendations should be put forward with the understanding that there may be additional recommendations from the Panel to follow. The recommendations should be accompanied by the following supporting rationales:

***Rationales for the above recommendations:***

- *Provide a parallel structure for indigent care via Alliance and Medicaid*
- *Maximize federal dollars over local dollars*
- *Minimize administrative burden*
- *Allow economies of scale*
- *Build on existing efforts*

**Attendees:** Bailus Walker, Brenda Kelly, Ray Terry, Heather Reffett, Amha Selaisse, Randall Bovbjerg, Jennifer King, Barbara Ormond, Heather Sacks, Sharon Baskerville, Robert Beasley, Rose Horrigan, Kate Jesberg, Sam Jordan, Robert Maruca, C. Bennett McClure, Wilhelmine Miller, Kathy Rickford, Jim Thompson, Susan Wallin, Desmond Yorke